



Rye Recreation
Halloween Window Painting
Partner Change form



Originally Submitted Application:

Child's First Name _____
Child's Last Name _____
Address _____
Phone (10 digit #) (____) _____
Partner First Name _____
Partner Last Name _____
Partner Address _____
Partner Telephone (10 digit #) (____) _____

Switch Application to:

Child's First Name _____
Child's Last Name _____
Address _____
Child's Age as October of 2021 _____
Child's Date of Birth _____
Child's Grade as of September 2021 _____
Telephone (10 digit #) (____) _____
Child's School attending as of September 2021 _____
Partner First Name _____
Partner Last Name _____
Partner Address _____
Partner Age as October of 2021 _____
Partner Date of Birth _____
Partner Grade as of September 2021 _____
Partner Telephone (10 digit #) (____) _____
Partner School attending as of September 2021 _____

Submit Changes ASAP to:

City of Rye Recreation Department
281 Midland Ave
Rye, NY 10580

Phone: (914) 967-2535
Fax: (914) 967-5521
Email: halloween@ryeny.gov